

CERTIFICATION OF NON-DISCOVERY OF VALUABLES ON REMAINS

(For use of this form, see MEDDAC Memorandum 638-1.)

I, _____, verify that no valuables were found
(Grade and Full Name)

after thoroughly searching the remains of _____ at
(Name of deceased)

Kimbrough Ambulatory Care Center, Fort George G. Meade, MD at _____ on _____.
(Time) (Date -- DD MMM YYYY)

(Signature of Certifying Official)

(Printed Name and Grade of Certifying Official)

(Signature of Witness)

(Printed Name and Grade of Witness)